Amendments to the Specification:

Please amend the following paragraphs to the specification. The application as filed did not contain most of these errors, which appear in the published patent application.

[0016] Only a small space is left between the catheter and the ~~inseet~~ insert, which is filled with saline, such as heparinized saline. The insert and saline prevent fibrin, proteins and other material from collecting inside the catheter, which is especially helpful in the SMAP method where the catheter is left inside the patient for months before PD therapy begins.

[0018] The intraperitoneal end of the catheter defines a number of apertures that allow dialysate to flow into and out of the catheter from various places inside the peritoneal cavities. The insert or obstructor likewise defines a series of holes, e.g., one to thirty holes. The ~~inseet~~ insert holes are located closer to inlet of the catheter and insert than are the catheter holes, e.g., near the cuffs of the catheter. The insert holes are located alternatively on one side or the other from the center of the insert. After the stylet is removed, the doctor secures the inner cuff to the peritoneal membrane and ensures that the catheter is unobstructed by injecting saline via a syringe. The saline fills the annular cavity of the obstructor. A portion of the saline exists the insert holes and fills the small space between the obstructor and the catheter.

[0020] After the cuffs are in place and the extraperitoneal portion of the catheter is inserted for its temporary stay inside the patient, the doctor injects heparinized saline into the insert and places a plug in the extraperitoneal end of the obstructor to hold the saline in place and to close the open end of the peritoneal cavity. One or more pieces of surgical string may be necessary lo tighten the catheter/insert/plug assembly. The method of the present invention may be performed alternatively without [[(he]] the use of surgical string.

[0033] The present invention includes a dialysis catheter, a medical set including the catheter and a method of installing same. A number of catheter related complications are associated with PD, including dialysate leak, fibrin plug, outflow obstruction, cuff

extrusion, herniation, exit-site or tunnel infection, and peritonitis. Several of these complications may necessitate catheter repositioning and occasionally replacement. Efforts to reduce [[flee]] the catheter-related complications associated with PD have focused on improved connection technology, new implantation techniques and innovative catheter designs.

[0036] The subcutaneous part 16 of the extraperitoneal portion 14 of the catheter 10 includes at least one cuff 20. The cuffs 20 enable the catheter to be ~~structure~~ stitched or anchored inside the patient's body. FIG. 1 is illustrated with a two-cuff, straight Tenckhoff type catheter 10, which is used widely because it satisfies [[(he]] the needs of many patients. Many catheter variations exist, which are designed to minimize complications of pain, inadequate flow and infection. The present invention expressly includes each of these variations, some of which are illustrated in FIGS. 2 to 13.

[0037] FIGS. 2 to 4 illustrate variations for [[(he]] the intraperitoneal portion 12 of the catheter 10. Besides the straight intraperitoneal portion 12 illustrated above in FIG. 1, portion 112 can be coiled as illustrated in FIG. 2. The coiled portion 112 can be used with most of the extraperitoneal configurations in FIGS. 5 to 13. The coiled configuration 112 provides an increased bulk of tubing and more side holes (not illustrated) for outflow.

[0048] When catheter 10 is inserted into the patient, the insert 30 resides inside catheter 10 so that intraperitoneal end 36 of insert 30, which is alternatively open or closed, is at or extending past the end 24 of the catheter 10 at the intraperitoneal portion. The larger diameter portion 38 of the extraperitoneal end 34 of insert 30 wedges into, i.e., pressure fits inside end 22 of catheter 10 at the external part 18 of [[tie]] the extraperitoneal portion 14. Catheter end 22 may be secured to: (i) the larger diameter portion 38, (ii) the elongated tube portion 32 directly adjacent to the larger diameter portion 38, and/or (iii) the intraperitoneal end 36, respectively, via one or more pieces of surgical string 26.